

# Great Rivers Behavioral Health Organization

Policy Title:	<b>Seclusion and Restraints</b>	Policy No. <b>8010.02</b>
Category:	Clinical	Date Adopted: 04/01/2016
		Revision Date: 10/14/2016 03/08/2019
Reference:	Washington Administrative Code (WAC) 246-341-118, 246-337-110, and 182-538D-0680; Washington State Health Care Authority (HCA) Contract with Great Rivers Behavioral Health Organization; 42 Code of Federal Regulations (CFR) 438.100(b)(v)	

## Policy:

- 1.1. Individuals receiving Great Rivers Behavioral Health Organization ("Great Rivers")-funded services from Great Rivers contracted provider agencies shall be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- 1.2. Any entity that contracts directly or subcontracts with Great Rivers BHO is required to have a policy signed by the entity's Board Chair, Chief Executive Officer, or Executive Director that indicates whether the entity does or does not utilize any form of restraint or seclusion. Restraint or seclusion may only be imposed to ensure the immediate physical safety of the individual, a staff member, or others, used when all less restrictive measures have failed and must be discontinued at the earliest possible time.
- 1.3. All entities are required to submit a Critical Incident report to Great Rivers whenever a restraint or seclusion has been performed by the entity.

## Definition(s) from Center for Medicaid and Medicare Services:

- 2.1. **Restraint** is
  - 2.1.1. Any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body, or head freely; or
  - 2.1.2. A drug or medication when it is used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient's condition.
  - 2.1.3. A restraint does not include devices, such as orthopedically prescribed devices, surgical dressings or bandages, protective helmets, or other methods that involve the physical holding of a patient for the purpose of conducting routine physical examinations or tests, or to protect the patient from falling out of bed, or to permit the patient to participate in activities without the risk of physical harm (this does not include a physical escort).
- 2.2. **Seclusion** is the involuntary confinement of a patient alone in a room or area from which the patient is physically prevented from leaving. Seclusion may only be used for the management of violent or self-destructive behavior.

## Procedure:

- 3.1. If a seclusion or restraint event occurs, the facility must clearly document in a Great Rivers' incident report:

- 3.1.1. The use of either seclusion, or restraint, or both, occurred only due to the individual being an imminent danger to self or others;
- 3.1.2. All less restrictive measures that were tried and found to be ineffective; and
- 3.1.3. A summary of each seclusion and restraint event, including a debriefing with staff members and the individual regarding how to prevent the occurrence of similar incidents in the future.
- 3.1.4. The type of de-escalation and/or technique used to restrain or seclude the individual; and
- 3.1.5. The name and date of any training of the individual who applied the technique.
- 3.2. Great Rivers shall monitor its provider agencies for compliance with this policy through policy, clinical reviews and provider contract reviews conducted by the Great Rivers Quality Manager. Monitoring shall include and is not be limited to:
  - 3.2.1. Statement or policy regarding the use or prohibited use of restraint or seclusion.
  - 3.2.2. Review of critical incidents
  - 3.2.3. Review of clinical records
  - 3.2.4. Review of grievance information
- 3.3. For programs operating under WAC 246-341, the following elements that will be reviewed include, but is not limited to:
  - 3.3.1. Statement that individuals have the right to be free from seclusion and restraint, including chemical restraint. The use of restraints or seclusion must occur only when there is imminent danger to self or others and less restrictive measures have been determined to be ineffective to protect the individual or others from harm and the reasons for the determination are clearly documented.
- 3.4. For an evaluation and treatment facility, competency restoration facility, involuntary crisis triage facility or a detoxification facility providing secure detoxification services a written policy must include, but is not limited to, the following:
  - 3.4.1. In the event of an emergency use of restraints or seclusion, a licensed physician must be notified within one hour and must authorize the restraints or seclusion;
  - 3.4.2. Each order of seclusion and restraint is limited as follows:
    - 3.4.2.1. Adults: four (4) hours;
    - 3.4.2.2. Children and adolescents at least nine years old but less than eighteen years old: Two (2) hours; and
    - 3.4.2.3. Children under nine year of age: One (1) hour.
  - 3.4.3. Each individual must be directly observed every fifteen minutes and the observation recorded in the individual's clinical record;
  - 3.4.4. If the restraint or seclusion exceeds twenty-four hours, the individual must be examined by a licensed physician. The facts determined by his or her examination and any resultant decision to continue restraint or seclusion over twenty-four hours must be recorded in the individual's clinical record over the signature of the authorizing physician. This procedure must be repeated for each subsequent twenty-four-hour period of restraint or seclusion.
  - 3.4.5. The individual must be informed of the reasons for use of seclusion or restraint and the specific behaviors which must be exhibited in order to gain release from these procedures (Adults Only);
  - 3.4.6. The clinical record must document staff observation of the individual at least every fifteen minutes and observation recorded in the individual's clinical record;

- 3.4.7. All assessments and justification for the use of seclusion or restraint must be documented in the individual's medical record.
- 3.4.8. Training requirements for staff that include an overview of the restraint and seclusion policy or statement. Training must be completed on an annual basis and include staff demonstration of competency in the application of restraints, implementation of seclusion, monitoring, assessment, and providing care for an individual in restraint or seclusion. Training must include:
  - 3.4.8.1. Techniques to identify staff and patient behaviors, events, and environmental factors that may trigger circumstances that require the use of a restraint or seclusion.
  - 3.4.8.2. The use of nonphysical intervention skills.
  - 3.4.8.3. Choosing the least restrictive intervention based on an individualized assessment of the individual's medical, or behavioral status or condition.
  - 3.4.8.4. The safe application and use of all types of restraint or seclusion used in the facility, including training in how to recognize and respond to signs of physical and psychological distress (for example, positional asphyxia);
  - 3.4.8.5. Clinical identification of specific behavioral changes that indicate that restraint or seclusion is no longer necessary.
  - 3.4.8.6. Monitoring the physical and psychological well-being of the patient who is restrained or secluded, including but not limited to, respiratory and circulatory status, skin integrity, vital signs, and any special requirements specified by facility.
  - 3.4.8.7. The use of first aid techniques and certification in the use of cardiopulmonary resuscitation, including required periodic recertification.
  - 3.4.8.8. Documentation of completion of training that is placed in the BHA employee training file.
- 3.5. Results of restraint and seclusion review of each BHA will be placed in a summary report on BHA Review Audit Tool Findings Report. Additionally, use of restraint or seclusion is reviewed monthly at Great Rivers Internal Grievance and Critical Incident Review Committee meeting. Aggregate findings are reviewed at the Quality Management Committee meetings at least quarterly.

POLICY SIGNATURE

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Edna J. Fund, Chair  
Great Rivers Governing Board

03/08/2019  
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Date